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September 12, 2008

TO: Each Supervisor

FROM: John F. Schunhoff, Ph.D.
Interim Director

SUBJECT: **RESPONSE TO AUDITOR-CONTROLLER'S
REPORT ON THE INVESTIGATION OF THE
PERSONNEL REVIEW OF MARTIN LUTHER
KING, JR.-HARBOR HOSPITAL EMPLOYEES**

On September 9, 2008, on motion of Supervisor Antonovich, your Board directed the Chief Executive Officer (CEO), Interim Director of Health Services (DHS), and the Director of Personnel to take the following actions related to the subject review.

- **Implement the recommendations in the Acting Auditor-Controller's report.**

DHS concurs with the audit recommendations and has already begun implementation of corrective actions. As detailed on the attached response, DHS is working with a team from the CEO to restructure and improve controls over its Human Resources operation. DHS is also working to resolve all issues related to the timely review of Live Scan results.

- **Complete the evaluation of job nexus determinations and ensure that those employees who have been transferred from MLK-Harbor have completed all necessary background investigations.**

The Department of Human Resources (DHR) has begun its review of the discipline and Live Scan cases identified in the Auditor-Controller report, and they will provide a separate report of their findings. Also, DHS is continuing to work and resolve the identified problem cases, and will consult with DHR on appropriate disciplinary actions.

- **Establish a process to reevaluate the competencies of the staff at the MLK MACC using an approach consistent with industry best practices.**

The DHS Office of Nursing Affairs has initiated steps to provide centralized oversight and system-wide standards for nursing competency training, continuing education program and monitoring activities. The MLK nurses will be re-evaluated for competencies by October 31, 2008. This is an interim step until system-wide standards can be developed. The attached DHS audit response provides a detailed set of action steps.

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- **Report back to the Board on September 16, 2008 with a plan to complete these tasks immediately.**

In addition to the attached detailed audit response, this item has been placed on your Board's agenda as a set presentation on September 16, 2008.

Please let me know if you have any questions or need additional information.

JFS:sr

Attachment

c: Acting Auditor-Controller
 Chief Executive Officer
 County Counsel
 Director of Personnel
 Executive Officer, Board of Supervisors

COUNTY OF LOS ANGELES – DEPARTMENT OF HEALTH SERVICES

**RESPONSE TO THE AUDITOR-CONTROLLER'S RECOMMENDATIONS REGARDING ITS
INVESTIGATION OF THE PERSONNEL REVIEW OF MARTIN LUTHER KING, JR.-HARBOR
HOSPITAL EMPLOYEES**

RECOMMENDATION 1: Re-live scan six employees whose DOJ results remain outstanding and the three employees whose DOJ results could not be processed because of unclear prints. Ensure that the 81 employees from the No Show Log who were reassigned to DHS Administration and/or are on leave have been Live Scanned or will be Live Scanned upon their return from leave.

DHS Response:

We concur.

In late July and early August, 2008, DHS HR live scanned the remainder of the 2007 King-mitigated employees that did not have results on file, with the exception of employees on long term leave of absence. DHS will live scan the long term leave employees upon their return to work.

Target date: Completed.

RECOMMENDATION 2: Codify procedures for documenting job nexus determinations including a detailed justification for each decision

DHS Response:

We concur.

Because this is a County-wide issue, DHS will consult with DHR regarding the appropriate level of documentation required to support these decisions, and revise DHS requirements as needed.

Target date: October 31, 2008

RECOMMENDATION 3: Consider consolidating the collection of DOJ information by centralizing the receipt of all DOJ results within DHS-HR, and designate staff who are expressly responsible for receiving and analyzing this information.

DHS Response:

We concur.

DHS is consolidating the review and processing of DOJ results at its central HR location:

1. DHS has obtained approval from the Department of Justice to access DOJ results at the central DHS HR Performance Management section.
2. In cooperation with a team from the CEO, DHS has developed a new organizational structure and staffing for its HR Performance Management section. This includes a dedicated DOJ Unit, which will review and process all DOJ results. The CEO approved the new staffing plan in September 2008.
3. DHS has assigned employees in its HR Performance Management section to review DOJ results on a daily basis to ensure timely disposition.

Target Date: In process through October 31, 2008.

RECOMMENDATION 4: Work with DHR to review the Job Nexus decisions for the 99 employees in the No Job Nexus category and expedite the review of the 30 DOJ Hits that are classified as In Process.

DHS Response:

We concur.

DHS HR continues to actively work to resolve the 30 DOJ Hits referenced above, and has already resolved several of these cases. DHS will continue to consult with DHR and County Counsel as appropriate.

On September 10, 2008, DHR assigned a team to begin reviewing the 99 cases referenced above, and they will provide a separate report of their findings.

Target Date: In process through October 31, 2008.

RECOMMENDATION 5: Consult with DHR about the possibility of taking disciplinary action against those employees who failed to accurately disclose criminal convictions.

DHS Response:

We concur.

DHS will work closely with DHR to evaluate the cases where employees failed to disclose their convictions, and will consult with DHR and County Counsel regarding potential disciplinary action.

Target Date: In process through October 31, 2008.

RECOMMENDATION 6: Evaluate the propriety of actions by the PM staff who processed the DOJ hits and the two managers involved in the second chance process, and determine if corrective and/or disciplinary action is warranted.

DHS Response:

We concur.

DHS is working with DHR to assess possible corrective or disciplinary action against HR employees involved in delays or those who allowed second chances for employees to disclose convictions.

Target Date: In process through October 31, 2008.

RECOMMENDATION 7: Conduct a detailed analysis of staff training and continuing education programs for patient care staff across DHS facilities.

DHS Response:

We concur.

The DHS Office of Nursing Affairs will engage an outside nursing consultant to conduct an independent assessment of the various components included in staff competency, training, and continuing education. The following components will be assessed:

1. Individual facility competency and training policies and procedures
2. Current policies, procedures, and practices related to the administration, monitoring, and tracking of nursing staff competency, training, and continuing education.
3. Review of facility curricula related to staff competency and training
4. Remediation and retesting standards, including policy on the number of times an employee can fail competency exams and subsequent re-assignment as a result of the failure

Upon completion of the assessment phase, the Office of Nursing Affairs will work with the nursing consultant and facility Chief Nursing Officers in implementing a centralized process for conducting and validating staff competency, which will include the following components:

1. A centralized process for the administration, monitoring, and tracking of nursing staff competency, training, and continuing education
2. A standardized core curriculum based on industry standards and regulatory standards
3. A standardized policy on the number of times nursing personnel can fail competency exams and the number of times nursing personnel can be remediated and retested.
4. A centralized process for monitoring, tracking, and reporting of nursing staff competency
5. A centralized oversight by Office of Nursing Affairs of all components of nursing staff competency, training, and continuing education

Target Date: Completion by March 31, 2009.

RECOMMENDATION 8: Develop and codify core curricula for nurse and patient care staff competency examinations based on DHS and industry best practices, and predicated where possible on standards promulgated by licensing or credentialing authorities.

DHS Response:

We concur.

The DHS Office of Nursing Affairs will work with the nursing consultant and facility Chief Nursing Officers in developing a standardized core curriculum for all nursing personnel (County and non-County) based on industry standards and regulatory standards. (See the DHS action steps for Recommendation 7).

Target Date: Completion by March 31, 2009.

RECOMMENDATION 9: Establish policies ensuring that minimum testing standards are applied to patient care workers at all facilities.

DHS Response:

We concur.

The Office of Nursing Affairs will work with the nursing consultant and facility Chief Nursing Officers to develop standardized minimum testing standards for all patient care staff at all facilities. The standards will be incorporated into a system-wide Competency and Training Policy and Procedure. (See the DHS action steps for Recommendation 7).

Target Date: Completion by March 31, 2009.

RECOMMENDATION 10: Codify guidelines limiting the number of times a patient care worker may fail testing in a particular competency before being re-assigned, retained, and or referred for discipline.

DHS Response:

We concur.

The DHS Office of Nursing Affairs will work with the nursing consultant and facility Chief Nursing Officers in developing a standardized policy on the number of times nursing personnel can fail competency exams and the number of times nursing personnel can be remediated and retested and subsequently re-assigned after failing competency testing. This policy will be incorporated into a system-wide Competency and Training Policy and Procedure. (See the DHS action steps for Recommendation 7).

Target Date: Completion by March 31, 2009.

RECOMMENDATION 11: Examine the feasibility of implementing independent oversight for competency examinations, possibly through a third party proctor or via direct supervision by nurse educators from a different medical facility than the examinees.

DHS Response:

We concur.

The DHS Office of Nursing Affairs will provide oversight of competency training, continuing education and monitoring activities. This Office will work with facility Chief Nursing Officers on the implementation of system-wide competency training and continuing education programs. DHS will also use an outside consultant to conduct ongoing reviews of this new process.

Target Date: Completion by June 30, 2009.

RECOMMENDATION 12: Centralize the aggregation and reporting of competency test results.

DHS Response:

We concur.

The DHS Office of Nursing Affairs will provide oversight for competency training and continuing education programs. Competency testing data will be aggregated and trended by facility and reported to the Board on a semi-annual basis. The Office of Nursing Affairs will also work with HR Regulatory Compliance Division to develop an integrated database that will be used by both HR and the Office of Nursing Affairs.

Target Date: Completion by June 30, 2009.

RECOMMENDATION 13: Administer competency examinations to all MACC employees with patient care duties using the newly codified uniform standards for testing and remediation.

DHS Response:

We concur.

By October 31, 2008, the DHS Office of Nursing Affairs will review the MLK MACC competency testing program, and administer new competency testing to the MLK MACC nursing staff. This is an interim step until system-wide standards can be developed.

By June 30, 2009 (after new system-wide nursing testing standards are developed), the DHS Office of Nursing Affairs will be responsible for ensuring that the MACC employees undergo same standardized competency testing as that applied to all DHS facilities.

By June 30, 2009, DHS will convene a task force for each major group of allied health professionals (e.g., occupational therapists, physical therapists, etc.). Each task force will develop and implement system-wide standardized competency testing based on industry best practices.

Target Date: Initial testing by October 31, 2008; completion by June 30, 2009.

RECOMMENDATION 14: Expedite the implementation of staffing and organizational changes and other reforms arising from DHS/CEO HR review.

DHS Response:

We concur.

1. In cooperation with the CEO, DHS HR has begun to implement a new organizational structure for the Performance Management section that will provide for increased supervision and staffing.
2. On June 23, 2008, DHS HR hired a new manager over Performance Management.
3. DHS HR is in the process of hiring additional staff consistent with the new organizational structure. In August 2008, DHS made two offers of employment and hiring efforts continue.

DHS continues to work with the CEO to assess staffing needs, organizational improvements, and needed controls throughout the DHS HR organization, not only in Performance Management.

Target Date: Completion of new organization charts and staffing plan by November 30, 2008.

RECOMMENDATION 15: Examine the duties and responsibilities of HR managers at the MACC.

DHS Response:

We concur.

As part of this year's MAPP goals, the DHS HR Administrator and the facility Personnel Officers will reassess the role of the hospital Personnel Officers and their relationship to the facility management.

Target Date: Completion of new organization charts and staffing plan by November 30, 2008.

RECOMMENDATION 16: Consider reorganizing personnel, discipline and performance management operations at the MACC as part of the DHS/CEO HR Review.

DHS Response:

We concur.

As noted above, the DHS and the CEO are currently evaluating how DHS Human Resources is organized and staffed. DHS is moving to implement the organizational restructure proposed for Performance Management, and will review other functions over the next two months.

Target Date: Completion of new organization charts and staffing plan by November 30, 2008.